FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** L53199 (0)VICKERY SAFETY AND SECURITY, INC. Principal Place of Business Mailing Address S BRENDA JOYCE VICKERY **S BRENDA JOYCE VICKERY** 5113 NORTH DAVIS HWY SUITE 5 5113 NORTH DAVIS HWY SUITE 5 PENSACOLA FL 32503 PENSACOLA FL 32503 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1990 04/07/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3012073 Not Applicable Suite, Apt. #, etc. Strite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes X Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VICKERY, BRENDA JOYCE Street Address (P.O. Box Number is Not Acceptable) 82 5113 NORTH DAVIS HWY SUITE 5 83 PENSACOLA FL 32503 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am allowed by bloadions of, Section 607.0505, Florida-Statutes. SIGNATURE asterios Aucult signal iro requie ni when reinstating 12. OFFICERS AND DIRECTORS CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THUS DELETE 1 1 100 6 ☐ Change ☐ Addition VICKERY, BRENDA JOYCE 1.2 NAME STREET ADDRESS 5113 N DAVIS HWY #5 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 14 0/TY-\$1-ZIP TITLE DELFTE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS. 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHTY - ST - ZIP TITLE DELETE 3 1 HILE Addition ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7/P 3.4 CHTY - ST - ZIP THILE [] DELETE 4 1 THELE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET AUDRESS CITY - ST - ZIP 4.4 Cilly ST-ZIP TITLE DELETE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY+51-2IP TITLE DELETE 6 1 TIFLE Change Add:tion

14. Ido hereby certify that the information supplied with this filing is vocuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 it changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY - ST - ZiF

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

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